

PURCHASE ORDER

OFFICE/DEPARTMENT: ADMINISTRATIVE SECTION, GENERAL SERVICE UNIT

Supplier: DAGUPAN VILLAGE HOTEL PO No. 2024_240
Address: Lucao District, Dagupan City, Pangasinan Date: 9/24/2024
Tel./Fax No.: 0960-5295396 Terms of Payment: Charge
Supplier Registered with: 932-092-789-00000 V Mode of Procurement: Negotiated Procurement-
Lease of Privately-Owned

Please deliver to this office on September 27, 2024 from receipt hereof the following:

NO.	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
1	172	pax	AM, PM Snacks & Lunch	750.00	129,000.00
			xxxxxxxxxxxx Nothing Follows xxxxxxxxxxxxxxxxxxxxxxx		
			TOTAL		129,000.00
			VAT (5%/1.12)		5,758.93
			EWT (1%/1.12)		1,151.79
			PR No. 24-0911-0388 (5029901002)		
			PURPOSE: Conduct of Consultative Meeting with/Awarding of Health Facilities on PhilHealth Konsulta and Other Package in Region 1	TOTAL - NET	122,089.28

Terms & Conditions:

- In case of failure to make the full delivery within the time specified above, a penalty of one-tenth (1/10) of one percent (1%) for every day of delay shall be imposed.
- For imported items, IMPORTATION DOCUMENTS specifically showing the condition, serial numbers of the equipment purchased, and tax receipts should be submitted by the supplier.
- The contracting parties undertake to comply with Office Order No. 0018-2015 entitled "Reiteration of PhilHealth No Gift Policy (Revision 1) which is deemed incorporate into this Contract. No PhilHealth personnel shall solicit, demand, or accept, directly or indirectly, any gift from any person, group, association, or judicial entity, whether from the public or private sector, at anytime, on or off the work premises where such gift is given in the course of official duties or in connection with any transaction which may affect the functions of their office or influence the actions of directors or employees, or create the appearance of a conflict of interest.
- PhilHealth shall have the right to reject and return the items and cancel the corresponding PO if goods delivered are defective, incomplete or non-compliant as specification when quoted.
- In case of returned/rejected items which cannot be replaced within seven (7) calendar days from notice, PhilHealth shall demand full refund of payment made "in cash" or "in check" three (3) calendar days.
- Deliveries should be made within 8:00AM to 3:00PM on working days on or before the date stipulated in the PO.

By the authority of MSD Chief:

Very truly yours,

SALLY S. GOMEZ

HRMO III/Acting, ASS Chief

CYNTHIA S. SANTOS

Division Chief IV / MSD Chief

By the Authority of the

MARIELE DRAYO

Fiscal Controller II

JOSE A. MONES

Fiscal Controller III

EDWARD Q. ESPIRITU

FC IV / FMS Chief

With in the COS:

Expense Code:

Budget:

Remarks:

Conforme:

Signature over Printed Name and Position of Authorized Representative

Date:

APPROVED:

DENNIS B. ADRE

Regional Vice President, PRO1

SEP 25 2024

Date

COMMISSION ON AUDIT
AUDIT TEAM R1-04 (PHIC Group)



OCT 01 2024

RECEIVED BY: